

GENERAL INTAKE FORM  
(Please Print)

Date of Initial Complaint \_\_\_\_\_

I, \_\_\_\_\_, Voluntarily make the following  
statement to \_\_\_\_\_, an Intake Officer employed by  
the Newark Human Rights Commission.

This is a complaint of discrimination based on (fill in all that  
apply):

_____ Race	_____ Discharge
_____ Creed	_____ Failure to promote
_____ Color	_____ Failure to hire
_____ National Origin	_____ Failure to compensat
_____ Sex	_____ Demotion
_____ Religion	_____ Other(Specify)

Name and address of all respondent(s):

Name (s)	Address(es)
_____	_____
_____	_____
_____	_____

1. Complainant's Name:
2. Complainant's address:
3. Telephone number (home/business):
4. Name, address and telephone number of person through whom, who  
can always be reached:
5. Highest grade completed (education):
6. Special schools attended:
7. Military experience:
8. Othre experience:
9. Who recommended that you come to NHRC:
10. What are the names, addressed and phone numbers of persons who can  
testify in your behalf concerning how you were discriminated  
against:



11. What relief complainant is seeking:

- A. Backpay
- B. Reinstatement
- C. Promotion
- D. Equal Pay

- E. Hire
- F. Other

12. On what date(s) were you discriminated against (Note: All complaints should read: "On month, day, year and continuing...)

(a) What reasons were given by company for not being hired?

(b) In what way(s) do you think you were discriminated against?



13. Have you filled a similar complaint with EEOC? When?
14. Have you filled a similar complaint with New Jersey Division on Civil Rights?
15. What job did complainant apply for?
16. Where did person apply and whom did he/she see?
17. Was person interviewed? By whom?

Date: \_\_\_\_\_

I have read the foregoing statement consisting of \_\_\_\_\_ pages, including this one, and \*(stated) to the best of my knowledge and belief that it is true.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Notary Public